$\begin{array}{c} \rm J3 \\ \rm SFSB\,803 \end{array}$ 

By: Delegates R. Lewis and Pena-Melnyk, Pena-Melnyk, Pendergrass, Bagnall, Barron, Bhandari, Carr, Charles, Chisholm, Cullison, Hill, Johnson, Kelly, Kerr, Kipke, Krebs, Metzgar, Morgan, Rosenberg, Sample-Hughes, Szeliga, and K. Young

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 13, 2019

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## Health Facilities – Hospitals – Disclosure of Outpatient Facility Fees (Facility Fee Right-to-Know Act)

FOR the purpose of requiring certain hospitals to provide each patient with written notice that includes certain information related to outpatient facility fees that are charged for services provided at the hospital; requiring that certain notices be provided to certain patients in certain manners and at certain times; requiring the Health Education and Advocacy Unit within the Attorney General's Office to develop a certain form and determine a certain range of fees and fee estimates; requiring each hospital that charges an outpatient facility fee to use a certain form and a certain range of fees and fee estimates for a certain purpose; requiring that a certain notice be in plain language and in a certain form; requiring certain patients to acknowledge in writing that a certain notice was provided at a certain time before professional medical services are provided on the date of the appointment; prohibiting a hospital from charging, billing, or attempting to collect a certain fee unless the patient was given certain notice; prohibiting a certain charge from qualifying as uncompensated care or bad debt under certain circumstances; requiring the Unit, in consultation with the Health Care Services Cost Review Commission, consumers, and other stakeholders, to develop a certain uniform disclosure form and a process for determining and updating certain information on or before a certain date; defining certain terms; and generally relating to hospitals and the disclosure of outpatient facility fees.

## EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 2 3 4 5	BY adding to Article – Health – General Section 19–349.2 Annotated Code of Maryland (2015 Replacement Volume and 2018 Supplement)					
6 7	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND That the Laws of Maryland read as follows:					
8	Article – Health – General					
9	19-349.2.					
10	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.					
12	(2) "ELECTRONICALLY" MEANS A SECURE DIGITAL OR ELECTRONIC TRANSMISSION IN COMPLIANCE WITH FEDERAL AND STATE LAW, INCLUDING BY:					
4	(I) PATIENT INTERNET PORTAL;					
15	(II) ENCRYPTED ELECTRONIC MAIL; OR					
6	(III) TEXT MESSAGE WITH A LINK TO AN ENCRYPTED NOTICE.					
17 18 19 20 21	(3) "OUTPATIENT FACILITY FEE" MEANS A RATE APPROVED BY THE COMMISSION CHARGED BY A HOSPITAL FOR OUTPATIENT SERVICES PROVIDED IN A BUILDING ON THE CAMPUS OF A HOSPITAL IN WHICH HOSPITAL SERVICES ARE PROVIDED THAT IS SEPARATE AND DISTINCT FROM A FEE FOR PROFESSIONAL SERVICES.					
22	(4) "PATIENT" MEANS:					
23	(I) AN ADULT;					
24 25 26	(II) A PERSON AUTHORIZED TO CONSENT TO HEALTH CARE FOR AN ADULT CONSISTENT WITH THE AUTHORITY GRANTED, INCLUDING A GUARDIAN SURROGATE, OR PERSON WITH A MEDICAL POWER OF ATTORNEY;					
27 28 29	(III) A MINOR, IF THE MINOR SEEKS TREATMENT TO WHICH THE MINOR HAS THE RIGHT TO CONSENT AND HAS CONSENTED UNDER TITLE 20, SUBTITLE 1 OF THIS ARTICLE;					

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1 2	(IV) A PARENT, GUARDIAN, CUSTODIAN, OR REPRESENTATIVE OF THE MINOR; OR
3 4	(V) A PERSON AUTHORIZED TO CONSENT TO HEALTH CARE FOR THE MINOR CONSISTENT WITH THE AUTHORITY GRANTED.
5 6 7	(B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, IF A HOSPITAL CHARGES AN OUTPATIENT FACILITY FEE, THE HOSPITAL SHALL PROVIDE THE PATIENT WITH A WRITTEN NOTICE THAT INCLUDES THE FOLLOWING INFORMATION:
8 9	(I) THAT THE PATIENT'S APPOINTMENT WILL TAKE PLACE AT THE HOSPITAL;
10 11 12	(II) THAT THE HOSPITAL WILL CHARGE AN OUTPATIENT FACILITY FEE THAT IS SEPARATE FROM THE PROFESSIONAL FEE CHARGED BY THE PROVIDER BECAUSE THE APPOINTMENT IS AT THE HOSPITAL;
13 14 15	(III) THAT WHETHER THE SAME PROFESSIONAL MEDICAL SERVICES COULD BE OBTAINED FROM THE PROVIDER AT A LOCATION THAT IS NOT AT THE HOSPITAL;
16 17 18 19	(IV) THAT THE PATIENT SHOULD CONTACT THE PATIENT'S INSURANCE CARRIER, IF ANY, TO DETERMINE THE NETWORK STATUS OF THE LOCATION THAT IS NOT AT THE HOSPITAL AT WHICH THE SAME PROFESSIONAL MEDICAL SERVICES CAN BE OBTAINED FROM THE PROVIDER;
20 21 22 23	(IV) (V) THAT RECEIVING THE PROFESSIONAL MEDICAL SERVICES AT THE HOSPITAL MAY RESULT IN GREATER FINANCIAL LIABILITY THAN RECEIVING THE PROFESSIONAL MEDICAL SERVICES AT A LOCATION NOT AT THE HOSPITAL; AND
24 25 26 27 28	(VI) THAT THE PATIENT SHOULD CONTACT THE PATIENT'S INSURANCE CARRIER, IF ANY, TO DETERMINE THE PATIENT'S INSURANCE COVERAGE AND FINANCIAL RESPONSIBILITY, INCLUDING CO-PAYMENTS, COINSURANCE, OR DEDUCTIBLE AMOUNTS FOR THE OUTPATIENT FACILITY FEE; AND
29	(V) (VII) BEGINNING JULY 1, 2020:

THE AMOUNT OF THE OUTPATIENT FACILITY FEE, IF 30 <u>1.</u> 31 KNOWN, OTHERWISE THE RANGE OF OUTPATIENT FACILITY FEES THE HOSPITAL 32 MAY CHARGE FOR THE APPOINTMENT;

	4 HOUSE BILL 849
1 2	2. That an estimate is based on typical or average facility fees for the same or similar appointments; and
3 4 5	3. THAT A FEE RANGE IS PROVIDED BECAUSE THE ACTUAL AMOUNT OF THE FACILITY FEE INCURRED WILL DEPEND ON THE SERVICES ACTUALLY PROVIDED.
6 7	(2) (I) THE HEALTH EDUCATION AND ADVOCACY UNIT IN THE ATTORNEY GENERAL'S OFFICE, SHALL:
8 9	1. DEVELOP A UNIFORM DISCLOSURE FORM TO NOTIFY PATIENTS OF OUTPATIENT FACILITY FEES; AND
10 11	2. <u>DETERMINE THE RANGE OF FEES AND FEE</u> ESTIMATES TO BE PROVIDED UNDER PARAGRAPH (1)(VII) OF THIS SUBSECTION.
12 13	(II) TO COMPLY WITH PARAGRAPH (1) OF THIS SUBSECTION, EACH HOSPITAL THAT CHARGES AN OUTPATIENT FACILITY FEE SHALL:
14 15	1. <u>USE THE UNIFORM DISCLOSURE FORM DEVELOPED</u> UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH; AND
16 17	2. <u>USE THE RANGE OF FEES AND FEE ESTIMATES</u> DETERMINED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH.
18 19 20 21	(III) THE NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE IN PLAIN LANGUAGE THAT MAY BE REASONABLY UNDERSTOOD BY A PATIENT WHO DOES NOT POSSESS SPECIAL KNOWLEDGE REGARDING MEDICAL BILLING OR HOSPITAL FACILITY FEE CHARGES.
22	(C) (1) FOR AN APPOINTMENT MADE IN PERSON OR BY TELEPHONE:
23 24	(I) ORAL NOTICE SHALL BE GIVEN AT THE TIME THE APPOINTMENT IS MADE; AND
25 26 27	(II) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, WRITTEN NOTICE SHALL BE SENT TO THE PATIENT ELECTRONICALLY AT THE TIME THE APPOINTMENT IS MADE.
28 29	(2) FOR AN APPOINTMENT MADE ELECTRONICALLY OR USING A WEBSITE:

30 (I) Written notice shall be provided at the time the  $31\,$  Appointment is made; and

1	(II)	WRITTEN	NOTICE	SHALL	$\mathbf{BE}$	SENT	TO	THE	PATIENT
2	ELECTRONICALLY AT T	THE TIME TH	E APPOIN	TMENT	IS MA	DE.			

- 3 (3) IF THE PATIENT REFUSES ELECTRONIC COMMUNICATION UNDER PARAGRAPH (1)(II) OF THIS SUBSECTION, WRITTEN NOTICE SHALL BE SENT TO THE PATIENT BY FIRST-CLASS MAIL AT THE TIME THE APPOINTMENT IS MADE.
- 6 (D) BEFORE PROFESSIONAL MEDICAL SERVICES ARE PROVIDED ON THE 7 DATE OF THE APPOINTMENT, THE PATIENT SHALL ACKNOWLEDGE IN WRITING THAT 8 THE NOTICE REQUIRED UNDER THIS SECTION WAS PROVIDED AT THE TIME THE 9 APPOINTMENT WAS MADE.
- 10 **(E)** (E) A HOSPITAL MAY NOT CHARGE, BILL, OR ATTEMPT TO COLLECT 11 AN OUTPATIENT FACILITY FEE UNLESS THE PATIENT WAS GIVEN A NOTICE IN 12 ACCORDANCE WITH THIS SECTION.
- 13 (2) AN OUTPATIENT FACILITY FEE CHARGE MAY NOT QUALIFY AS
  14 UNCOMPENSATED CARE OR BAD DEBT UNLESS THE PATIENT WAS GIVEN A NOTICE
  15 IN COMPLIANCE WITH THIS SECTION.
- SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1, 2019, the Health Education and Advocacy Unit within the Attorney General's Office, in consultation with the Health Care Services Cost Review Commission, consumers, and other stakeholders, shall develop:
- 20 (1) the uniform disclosure form required under § 19–349.2(b)(2) of the 21 Health – General Article, as enacted by Section 1 of this Act; and
- 22 (2) a process for determining and updating the range of fees and fee 23 estimates to be used under § 19–349.2(b)(2) of the Health – General Article, as enacted by 24 Section 1 of this Act.
- SECTION  $\stackrel{2}{=}$  3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2019.